



**Biennial Collaborative Agreement  
(BCA)**

**between**

**the Ministry of Social Affairs of Estonia**

**and**

**the Regional Office for Europe  
of the World Health Organization**

**2008/2009**

*Signed by:*

*For the Ministry of Social Affairs*

  
Signature

16-09-07  
Date

Ms. Maret Maripuu

Minister of Social Affairs

Name

Title

*For the WHO Regional Office for Europe*

  
Signature

16/9/07  
Date

Marc Danzon, M.D.

Regional Director

Name

Title

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## Introduction

This document constitutes the Biennial Collaborative Agreement (BCA) between the World Health Organization Regional Office for Europe and the Government for the biennium 2008–2009.

This 2008–2009 BCA is part of a provisional Medium-term framework for collaboration between the WHO Regional Office for Europe and the Government for the six-year period 2008–2013, which corresponds to the period covered by the WHO Medium term strategic plan (MTSP 2008–2013).

Achieving the objectives of the current BCA is the responsibility of both the WHO Secretariat and the Government.

This framework for collaboration has been elaborated through successive steps of negotiation involving the national health authorities and WHO.

*Country health priorities*, as presented by the national health authorities, were taken as the starting point for the process leading to the present document. The WHO Secretariat then formulated *priorities for collaboration* with the national health authorities that also take into account the Organization's global priorities and policy directions, a strategic assessment of the country's needs and contributions in the country by other partners, as well as WHO's own capacities.

The document is structured as follows:

1. The first part sets out the *medium-term priorities and objectives for collaboration* for the six-year period 2008–2013, to be achieved through the joint efforts of the Government and WHO.
2. The second part focuses on the biennium 2008–2009. For each biennial priority, the WHO Secretariat has defined one or more *country expected results* to be achieved during 2008–2009. At the end of this section, there is a statement of the total estimated budget for the BCA.
3. The third part of the BCA is in the form of a table showing how the budget is allocated among the joint priorities for cooperation. It also shows the links to Organization-wide expected results (OWERs), as presented in the WHO MTSP Programme Budget 2008–2013. In addition, under each country expected result, there is a list of the products that may involve the collaboration of additional WHO Regional Office for Europe technical units. Finally, reflecting the paper presented at the fifty-fifth session of the WHO regional Committee for Europe (document EUR/RC55/9 Rev.1, "Next phase of the WHO Regional Office for Europe's Country Strategy: Strengthening health systems"), each product is categorized according to one or more health system functions, i.e.:
  - Health policy and other stewardship and governance elements (ST)
  - Health system financing function (FN)
  - Health system resource generation function (RG)
  - Health services delivery function (SD)

## Terms of collaboration

The *Medium-term priorities (part 1)* provide a provisional framework for collaboration for 2008–2013. The medium-term exercise is a rolling exercise, and the medium-term priorities may be revised every second year by mutual agreement, where prevailing circumstances indicate a need for change.

The Biennial Collaborative Agreement for 2008–2009, presented in part 2 and detailed in part 3, may be amended by mutual agreement in writing between the WHO Regional Office for Europe and the country as a result of, for instance, changes in the country's health situation, changes in the Country capacity to implement the agreed activities, specific needs emerging during the biennium, or changes in the Regional Office's capacity to implement the agreed activities, or in the light of increased funding. Either party may initiate amendments.

After the *Biennial Collaborative Agreement* is signed, a detailed *country programme work plan* will be developed for the biennium. For each expected result, the work plan will specify the necessary details about activities or services, budgets, indicators (with baseline and target values), the WHO officer responsible, the country counterpart (where relevant), milestones and the implementation schedule. Implementation will start at the beginning of the biennium 2008–2009. Overall coordination and management of the country programme is the responsibility of the Head of the WHO Country Office.

WHO budget allocation for a biennium indicates estimated resources that will be spent at country level, coming from both the WHO regular budget and from any other source. The funds included in this BCA are the Organization's funds allocated for the Regional Office's cooperation with the country. Implementation of the country programme work plan is the only way to release these funds.

It should also be noted that this Biennial Collaborative Agreement is open to further development and contributions from other sources, to supplement existing shared objectives or to introduce activities that have not been included at this stage owing to a lack of funding. In particular, the WHO Regional Office for Europe will facilitate coordination with WHO headquarters, in order to maximize the effectiveness of country interventions in the spirit of the "One WHO" principle.

## **PART 1. Medium-term priorities for collaboration for 2008–2013**

The following priorities for collaboration have been selected in response to current public health concerns and ongoing national efforts to improve the performance of the health system. Setting medium-term priorities for 2008–2013 will facilitate the strategic orientation of collaboration.

### **1. Health system strengthening**

- a. Improve the organization of health services delivery
- b. Promote sustainable and fair health care financing
- c. Strengthen the planning and management of human resource for health
- d. Improve access to pharmaceuticals, especially treatment for HIV/AIDS
- e. Strengthen systematic policy developments and evidence-based policy making

### **2. Enhance surveillance and response to communicable diseases, especially HIV/AIDS**

- a. Support the implementation of tuberculosis prevention and treatment
- b. Ensure uninterrupted supply of effective, safe and affordable HIV/AIDS diagnostics, medicines and other commodities
- c. Strengthen, expand and maintain the surveillance, monitoring and evaluation systems for communicable diseases, especially HIV/AIDS and Tuberculosis epidemics, and support the further development of emergency preparedness systems

### **3. Address prevention and management of major non-communicable diseases**

- a. Reduce the avoidable burden of NCD with particular focus on cardiovascular diseases and cancer and these should be targeted through lifestyle improvements
- b. Support the development of a national mental health plan focusing on premature and avoidable mortality
- c. Support the development of a national plan to reduce the number of injuries

### **4. Support national environmental health action plan development**

- a. Development of a national environmental health action plan in the frame of the National Health Strategy

## **PART 2. Biennial Collaborative Agreement for 2008–2009**

### **1. Priorities**

#### **Priority 1: Health system strengthening**

1. Improved management of health service provision at national and local level and improved health system financing with focus on equitable access and efficiency in the organization of services
2. National policies on access, quality and use of essential medical products and technologies developed and human resource management strengthened

#### **Priority 2: Scaling up surveillance and response to communicable diseases, especially HIV/AIDS and TB**

1. Access to HIV and Tuberculosis prevention, treatment and care improved

#### **Priority 3: Address prevention and management of major non-communicable diseases**

1. Strategy to reduce the avoidable burden of NCD, injuries and violence developed

#### **Priority 4: Support improvement of environmental health policies**

1. Implementation, monitoring and evaluation of the environmental health and chemical safety actions in the frame of Health Policy Strategy, Chemical Safety Strategy and Environmental Strategy

### **2. Budget:**

**The total estimated budget amounts to US\$ 400,000, (Estonian contributions not included).** WHO will continue to support the above priority areas with additional sources of funding, should they be made available. Such information will be presented as an annex to this agreement and will be updated on a continuous basis throughout the biennium to reflect indicative figures for such additional support.

### **3. Commitments of WHO and of the Government:**

#### **1. Commitments of WHO:**

WHO agrees to provide, subject to the availability of funds and its rules and regulations, the above programme activities and inputs. Separate agreements will be concluded for any local cost subsidy or direct financial cooperation inputs at the time of execution.

#### **2. Commitments of the Government of Estonia**

The Government shall provide all personnel, materials, supplies, equipment and local expenses necessary for the technical cooperation. The Government is encouraged to supplement funding for the above activities through fundraising.

## PART 3. Summary of expected results and products by priorities

Priority 1: Health system strengthening

Estimated budget: \$ 135,000

Expected Results <i>OWER</i>	EURO technical units involved	Product	Health System Function:			
			ST	FN	RG	SD
<b>1. Improved management of health service provision at national and local level and improved health system financing with focus on equitable access and efficiency in the organization of services</b>  <i>OWER: 10.1., 10.2, 10.10, 10.11</i>	HPE	Health system performance assessment	X			
	PHS PHC HPE HOS EMS	Recommendations on strengthening the health services delivery with focus on integration of health promotion, disease control, hospital performance and emergency medical services	X			X
	HSF	Recommendations on health financing policy (aiming at improving the Health Insurance Fund purchasing practices while ensuring financial protection and equity in finance and utilization)	X	X		
<b>2. National policies on access, quality and use of essential medical products and technologies developed and human resource management strengthened</b>  <i>OWER: 10.9, 11.1, 11.2</i>	HTP	Recommendations on the formulation and implementation of national policies on access, quality and use of essential medical products and technologies	X		X	X
	HRH	Recommendations on the development of policies on a sustainable human resource development	X		X	

**Priority 2:**                    **Scaling up surveillance and response to communicable diseases, especially HIV/AIDS and TB**

Estimated budget:            \$ 145,000

Expected Results <i>OWER</i>	EURO technical units involved	Product	Health System Function:			
			ST	FN	RG	SD
1. Access to HIV and tuberculosis prevention, treatment and care improved  <i>OWER: 2.1</i>	SHA TUB CDS DPR CSR	Recommendations on implementation of Tuberculosis and HIV/AIDS strategies, with particular emphasis on surveillance and financing components	X	X		X
	HSF HTP HIU	International Health Regulations capacities mapped, gaps identified and policy recommendations made to address identified gaps	X			X

**Priority 3:**                    **Address prevention and management of major non-communicable diseases**

Estimated budget:            \$ 50,000

Expected Results <i>OWER</i>	EURO technical units involved	Product	Health System Function:			
			ST	FN	RG	SD
1. Strategy to reduce the avoidable burden of NCD  <i>OWER: 3.6.</i>	NCD TRT VIP PHS ADU TOB FOS	Recommendations on implementation of national NCD strategies within a multi-sectoral framework with emphasis on cardiovascular diseases, cancer, injuries and mental health	X			X

**Priority 4: Support improvement of environmental health policies**

Estimated budget: \$ 20,000

Expected Results <i>OWER</i>	EURO technical units involved	Product	Health System Function:			
			ST	FN	RG	SD
<b>1. Implementation, monitoring and evaluation of the environmental health and chemical safety actions in the frame of Health Policy Strategy, Chemical Safety Strategy and Environmental Strategy</b>  <i>OWER: 8.5</i>	EHP CHE PHS	Environment and Health Performance review, followed by national conference to launch report	X			

**WHO Office: Management and coordination of BCA implementation**

Estimated budget: \$ 50,000

Expected Results <i>Contribution to OWER</i>	EURO technical units involved	Products
<b>1. Strengthened country programme coordination</b> <i>OWER: 12.2</i>	OIC	Assessment and recommendations on further strengthening of partnership and coordination with key stakeholders at country level, including UN common activities
	OIC	WHO policies promoted at country level (including World Health Days)
	MSP OIC	WHO country operations implemented as per work plan and adequate response provided to unforeseen country needs

## LIST OF ABBREVIATIONS

### General abbreviations

BCA – Biennial Collaborative Agreement  
FN – Health system financing function  
HQ – World Health Organization headquarters  
OWERs – WHO Organization-wide expected results  
RG – Health system resource generation function  
SD – Health service delivery function  
ST – Health policy and stewardship function

### Technical abbreviations

ARV – Antiretroviral treatment  
DOTS – Directly observed therapy short-course  
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria  
IDU – Injecting drug users  
MDR – Multidrug resistance  
PHC – Primary health care  
STI – Sexually transmitted infections

### Abbreviations of technical programmes in WHO Regional Office for Europe

ADU – Alcohol and Drugs  
CDS – Communicable Diseases  
CHE – Children's Health Environment  
CSR – Communicable Disease Surveillance and Response  
DPR – Disaster Preparedness and Response  
EHP – Environment and Health Coordination and Partnership  
FOS – Food Safety  
HIU – Health Information unit  
HOS – Hospital Services  
HPE – Health Policy and Equity  
HRH – Human Resources for Health  
HSF – Health Systems Financing  
HTP – Health Technologies and Pharmaceuticals  
MSP – Country Operations Management Support  
NCD – Non Communicable Diseases  
OIC – Operations in Countries  
PHC – Primary Health Care  
PHS – Public Health Services  
QHS – Quality of Health Systems  
SHA – Sexually Transmitted Infections/HIV/AIDS  
TOB – Tobacco-free Europe  
TRT – Transport and Health  
TUB – Tuberculosis Control  
VIP – Violence and Injury Prevention